REQUEST FOR PATENT FEE REFUND   10/520009

1 Date of Request: _____	2 Serial/Patent # _____

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	12/30/04	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 100

8 TO BE REFUNDED BY:

	Treasury Check
✓	Credit Deposit A/C #:

9 | 2 | 2 | -- | 0 | 1 | 8 | 5 |

10 REASON:

✓	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson   TITLE: paralegal

SIGNATURE: A Johnson   PHONE: 308-9840

OFFICE: PCT

****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back.   After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)